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**JUN 03 2005****FACSIMILE COVER SHEET****DATE:** June 3, 2005**TO:** Examiner Gary Jackson  
TC Art Unit: 3731**Fax No.:** (703) 872 9306**FROM:** Thomas O. Hoover**No. of pages transmitted**  
(including this page): 10**Our File:** BIH-002AX**Time:****Your Ref:****Sent by:** Jan

Application No.: 10/647,657

Filed Date: August 25, 2003

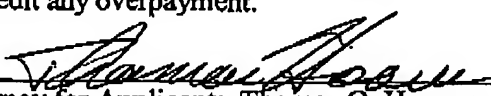
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**MESSAGE****PLEASE DELIVER DIRECTLY TO:**  
**EXAMINER Gary Jackson, Tel. (571) 272-4697**  
**TC ART UNIT NO: 3731****FOR ENTRY**

Enclosed for filing please find a:

**Amendment Transmittal Sheet****Amendment**

The Commissioner is hereby authorized to Charge Deposit Account No. 23-0804 for any additional filing fees associated with this communication or credit any overpayment.

  
Attorney for Applicant: Thomas O. Hoover  
Registration No. 32,470

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PATENT

Rev 06/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application : William Cohn, et al.  
Application No. : 10/647,657  
Filed : August 25, 2003  
Confirmation No. : 2131  
For : SUTURE SYSTEM  
Examiner : Gary Jackson  
Attorney's Docket : BIH-002AX

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TC Art Unit: 3731

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I hereby certify that this correspondence is being sent via  
facsimile to Examiner Gary Jackson, TC Art Unit 3731, Fax No.  
(703)872 9306, on June 3, 2005.

By: 

Thomas O. Hoover

Registration No. 32,470

Attorney for Applicant(s)

\*\*\*\*\*

AMENDMENT

Via Facsimile  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated December 3, 2005,  
please amend the above-identified patent application as follows.

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